

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1	1	1		
2		1		1		
3		1		1		
4		1		1		
5		4		1		
6		4		1		
7		4		1		
8		4		1		
9		4		1		
10		4		1		
11		4		1		
12		4		1		
13		4		1		
14		4		1		
15	1	1	1	1		
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<b>TOTAL IND.</b>			2			
<b>TOTAL DEP.</b>			13			
<b>TOTAL CLAIMS</b>			15			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
<b>TOTAL IND.</b>				2		
<b>TOTAL DEP.</b>				13		
<b>TOTAL CLAIMS</b>				15		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS